

Case Number:	CM14-0217715		
Date Assigned:	01/07/2015	Date of Injury:	02/14/2010
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 02/14/2010. She has reported subsequent right upper extremity pain and numbness and was diagnosed with tendonitis/capsulitis of the right shoulder and carpal tunnel syndrome. Treatment to date has included oral pain medication, occupational therapy and surgery. In a progress note dated 12/02/2014, the injured worker complained of continuing paresthesias in the right upper extremity with pain on the right side of the neck. The physician requested authorization for an electromyography study of the right upper extremity due to the injured workers continued pain and paresthesias in the right upper extremity. On 12/15/2014, Utilization Review non-certified a request for electromyography of the right upper extremity, noting that there was no documentation of a change in neurologic exam or neurologic symptoms with paresthesias since the last electromyography. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Yes, the proposed EMG of the right upper extremity was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies can help to distinguish between carpal tunnel syndrome and other considerations, such as cervical radiculopathy. Here, the applicant has a history of carpal tunnel syndrome status post earlier failed carpal tunnel release surgery. Residual complaints of pain and paresthesias were evident on December 2, 2014. The attending provider stated that he did suspect issues with residual cervical radiculopathy and/or carpal tunnel syndrome. Obtaining electrodiagnostic testing to establish the diagnoses at hand was, thus, indicated. Therefore, the request was medically necessary.